

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 5, 1986

ALL-COUNTY LETTER NO. 86-109

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IN-HOME SUPPORTIVE SERVICES CASE MANAGEMENT
INFORMATION AND PAYROLLING SYSTEM COUNTY
SUMMARY AND THE MANAGEMENT STATISTICS SUMMARY

The purpose of this letter is to provide counties with documentation for the County Summary (CSUM) screen, reporting procedures for the CSUM input document (SOC 374), and the Management Statistics Summary (MSS) report.

The CSUM and the revised MSS have been developed to improve the reporting and monitoring of fiscal and program information for the In-Home Supportive Services (IHSS) Program. The CSUM reporting is also intended to replace the IHSS Program Monthly Caseload, Hours and Costs Report (SOC 296) effective April 1987. Monthly reporting on the CSUM screen must be input no later than the third working day following the report month. Quarterly reporting must be input no later than the fifteenth of the month following the end of each quarter.

The CSUM screen is comprised of 3 parts: 1) a section to display the county IHSS allocations and expenditures; 2) a section for the county's data entry of County Contract (CC) and Homemaker (HM) monthly cases, hours, (estimated) expenditures, share of cost information, and Other Costs (estimated monthly costs for Staff Development, EDP and Other Costs); and 3) a section for the county's quarterly reporting of actual IHSS Program costs.

Attached is a package which contains the CSUM screen sample, a field by field description and procedures for completing the CSUM input document, and the batching process for paper counties. Also attached is the MSS (which has undergone a major revision) with its field by field description.

A schedule for training of county staff on the CSUM screen and the input document will be forthcoming.

Questions regarding data entry should be referred to Karen Campbell of Electronic Data Systems at (916) 636-4280.

If you have any other questions or concerns, please contact Bill Schimeck of the Adult Services Bureau at (916) 322-6320 or ATSS 492-6320.



LOREN D. SUTER

Deputy Director
Adult and Family Services Division

Attachments

cc: CWDA

SECTION I - COUNTY SUMMARY SCREEN AND INPUT DOCUMENT SOC 374 (8/86)

1. BRIEF DESCRIPTION
2. COUNTY SUMMARY SCREEN
3. COUNTY SUMMARY INPUT DOCUMENT SOC 374 (8/86)
 - A. FIELD BY FIELD DESCRIPTION
4. BATCHING PROCEDURES
 - A. BATCHING OF THE SOC 374 (8/86)
 - B. SENDING THE DOCUMENTS
 - C. VERIFYING CORRECT ENTRY OF DOCUMENTS

SECTION II - MANAGEMENT STATISTICS SUMMARY

1. MANAGEMENT STATISTICS SUMMARY REPORT
2. FIELD BY FIELD DESCRIPTION

SECTION I - COUNTY SUMMARY SCREEN AND INPUT DOCUMENT SOC 374 (8/86)

1. BRIEF DESCRIPTION

THE COUNTY SUMMARY SCREEN/FORM IS DIVIDED INTO THREE (3) PARTS: THE TOP SECTION OF THE SCREEN IS THE COUNTY'S IHSS ALLOCATION AND EXPENDITURES. THIS PORTION OF THE SCREEN IS FOR DISPLAY ONLY. THE MIDDLE SECTION OF THE SCREEN/FORM IS FOR COUNTY'S DATA ENTRY OF COUNTY CONTRACT AND HOMEMAKER (ESTIMATED MONTHLY REPORTING) AND THEIR TOTAL CASES, HOURS, EXPENDITURES, SOC CASES AND AMOUNTS. IT IS ALSO FOR COUNTY'S ESTIMATED MONTHLY COSTS FOR STAFF DEVELOPMENT, EDP AND OTHER COSTS. THE BOTTOM SECTION OF THE SCREEN AND FORM IS FOR COUNTY'S DATA ENTRY OF THEIR ACTUAL QUARTERLY REPORTING OF CONTRACT COSTS, HOMEMAKER/SUPERVISOR TIME STUDY HOURS PAID, AND OTHER COSTS AS REPORTED ON THE COUNTY ADMINISTRATIVE EXPENSE CLAIM (CAEC). PAPER COUNTIES WILL FOLLOW THE BATCHING PROCEDURES AND MAIL ALL DOCUMENTATION TO EDS.

THIS
NEXT

IN-HOME SUPPORTIVE SERVICES COUNTY SUMMARY

-----	INITIAL ALOCATION	-----	OTHER EXPENSES
-----	SUPPL. ALLOCATION	-----	TOTAL PROGRAM EXPENSE
-----	TOTAL ALLOCATION	-----	BALANCE REMAINING
-----	CONTRACT EXPENSE	-----	
-----	HOMEMAKER EXPENSE	-----	FUNDS ADVANCED
-----	IP EXPENSE	-----	TOTAL EMP TAXES

FOR MONTH: / COUNTY CC/HM HOURS MODE: DATE:

TOTAL CASES TOTAL HOURS EXPENDITURES SOC CASES SOC AMOUNT

SI -----

NSI -----

TOTAL -----

REFUGEE -----

ESTIMATED MONTHLY COSTS: STAFF DEV. EDP OTHER

QUARTER: FY: / QUARTERLY REPORTING DATE:

CONTRACT COSTS	HOMEMAKER/SUPERVISOR	OTHER COSTS	GRAND TOTAL
-----	CASEWORK	STAFF DEV	-----
	OVERHEAD	EDP	-----
	SUBTOTAL	OTHER	-----
	TIME/STUDY HRS	-----	

IN-HOME SUPPORTIVE SERV. S
CASE MANAGEMENT INFORMATION AND
PAYROLLING SYSTEM (IHSS/CMIPS)
COUNTY SUMMARY (CSUM)
INPUT DOCUMENT

A ¹ COUNTY CODE

MONTHLY REPORTING

B	¹ FOR MONTH	MONTH <u> </u> <u> </u>	YEAR <u> </u> <u> </u>	² MODE <u> </u> <u> </u>	³ DATE	MONTH <u> </u> <u> </u>	DAY <u> </u> <u> </u>	YEAR <u> </u> <u> </u>
		TOTAL CASES		TOTAL HOURS	EXPENDITURES	SOC CASES		SOC AMOUNT
C	¹ SI	²		³	⁴ \$			
D	¹ NSI	²		³	⁴ \$			
E	¹ TOTAL	²		³	⁴ \$	⁵		⁶ \$
F	¹ REFUGEE	²		³	⁴ \$			

G	¹ FOR MONTH	MONTH <u> </u> <u> </u>	YEAR <u> </u> <u> </u>	² MODE <u> </u> <u> </u>	³ DATE	MONTH <u> </u> <u> </u>	DAY <u> </u> <u> </u>	YEAR <u> </u> <u> </u>
		TOTAL CASES		TOTAL HOURS	EXPENDITURES	SOC CASES		SOC AMOUNT
H	¹ SI	²		³	⁴ \$			
I	¹ NSI	²		³	⁴ \$			
J	¹ TOTAL	²		³	⁴ \$	⁵		⁶ \$
K	¹ REFUGEE	²		³	⁴ \$			

L	¹ ESTIMATED MONTHLY COST (ALL MODES)	² STAFF DEVELOPMENT \$	³ EDP \$	⁴ OTHER \$
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QUARTERLY REPORTING

M	¹ QUARTER <u> </u>	² FY <u> </u> <u> </u> / <u> </u> <u> </u>	³ DATE	MONTH <u> </u> <u> </u>	DAY <u> </u> <u> </u>	YEAR <u> </u> <u> </u>
	CONTRACT	HOMEMAKER SUPERVISOR	OTHER COSTS	GRAND TOTAL		
N	¹ CONTRACT COSTS \$	² CASEWORK \$	³ STAFF DEVELOPMENT \$	⁴ INT - PT - C2 \$		
O		¹ OVER-HEAD \$	² EDP \$			
P		¹ SUBTOTAL \$	² CTR \$			
Q		¹ TIME STUDY HOURS	² SUBTOTAL \$			

R	¹ PREPARED BY	² DATE PREPARED	³ REMARKS
S	¹ ENTERED BY	² DATE ENTERED	³ REMARKS

IN-HOME SUPPORTIVE SERVICES BATCH COVER SHEET

MONTH AND YEAR /
MM YY

BATCH TYPE

BATCH SEQUENCE # ☐ UPDATE FORMSTIMESHEET
HOURS A (1-15) ☐ TIMESHEETSTIMESHEET
HOURS B (16-31) ☐ SPECIAL PRE-AUTHORIZED
TRANSACTIONSNUMBER OF FORMS IN BATCH ☐ LIEN/RECOVERYCOUNTY CODE DATE / /
SIGNATURE:

AFTER ENTRY CHECK ONE OF THE FOLLOWING:

☐ ALL FORMS ACCEPTED☐ FORMS FAILED EDITSDATE ENTERED / /
SIGNATURE:

IHSS/CMIPS COUNTY SUMMARY SCREEN/FORMFIELD BY FIELD DESCRIPTION
-----ALLOCATION AND EXPENDITURES (DISPLAY ONLY)

INITIAL ALLOCATION: THE INITIAL ALLOCATION OF IHSS FUNDS MADE AT THE START OF THE FISCAL YEAR. THIS FIELD IS PROVIDED FROM CMIPS DATA FILES.

SUPPL. ALLOCATION: ANY SUPPLEMENT TO, OR REALLOCATION OF IHSS FUNDS MADE DURING THE FISCAL YEAR. THIS FIELD IS PROVIDED FROM CMIPS DATA FILES.

TOTAL ALLOCATION: THE CURRENT ALLOCATION FOR IHSS FUNDS THAT INCLUDES THE INITIAL ALLOCATION AND ALL SUPPLEMENTAL ADJUSTMENTS AND REALLOCATIONS THEREAFTER. THIS FIELD IS PROVIDED FROM CMIPS DATA FILES.

CONTRACT EXPENSE: THE TOTAL FISCAL YEAR EXPENDITURES TO DATE FOR SERVICES PAID IN THE COUNTY THROUGH THE COUNTY CONTRACT MODE, MINUS SHARE OF COST. THIS DATA IS OBTAINED FROM THE INFORMATION ENTERED BY THE COUNTY ON THE MIDDLE SECTION OF THE SCREEN AND IS UPDATED MONTHLY.

HOMEMAKER EXPENSE: THE TOTAL FISCAL YEAR EXPENDITURES TO DATE FOR SERVICE COSTS CLAIMED BY THE COUNTY FOR THE HOMEMAKER MODE, MINUS SHARE OF COST. THIS DATA IS OBTAINED FROM THE INFORMATION ENTERED BY THE COUNTY ON THE MIDDLE SECTION OF THE SCREEN AND IS UPDATED AS CHANGES OCCUR.

IP EXPENSE:

THE TOTAL FISCAL YEAR TO DATE EXPENDITURES FOR SERVICES PAID IN THE COUNTY THROUGH THE INDIVIDUAL PROVIDER MODE. THE TOTAL IS COMPUTED BY ADDING THE GROSS PROVIDER WAGES, EMPLOYER TAXES, AND RESTAURANT MEAL ALLOWANCE, MINUS SHARE OF COST. THIS FIELD IS PROVIDED FROM CMIPS DATA FILES AND IS UPDATED AS CHANGES OCCUR.

OTHER EXPENSES:

THE SUM OF THE EXPENSES SUBMITTED QUARTERLY ON THE COUNTY ADMINISTRATIVE EXPENSE CLAIM. IT IS THE SUM OF EDP, STAFF DEVELOPMENT, AND OTHER COSTS ATTRIBUTED TO THE PROGRAM.

TOTAL PROGRAM EXPENSE:

TOTAL IP MODE EXPENSE, EMPLOYER TAXES AND CC AND HM EXPENSES THROUGH FISCAL YEAR-TO-DATE.

BALANCE REMAINING:

THE BALANCE OF THE INITIAL ALLOCATION AND SUPPLEMENTAL ALLOCATION AFTER ALL SERVICE MODE EXPENDITURES HAVE BEEN DEDUCTED.

FUNDS ADVANCED:

THE TOTAL FUNDS ADVANCED TO COUNTIES TO DATE TO PAY FOR CONTRACT, COUNTY HOMEMAKER SERVICES AND OTHER COSTS.

TOTAL EMP TAXES:

THE SUM OF FICA, SUI, AND FUTA EMPLOYER CONTRIBUTIONS TO DATE FOR SERVICES IN THE IP MODE.

COUNTY INPUT/MONTHLY REPORTING FOR
COUNTY CONTRACT, HOMEMAKER AND OTHER COSTS

NOTE: THIS INFORMATION MUST BE REPORTED IN THE CMIPS BY THE THIRD
WORKING DAY OF EACH MONTH.

FIELD A1 - COUNTY CODE - REQUIRED

LENGTH: 2

DESCRIPTION: COUNTY CODE - A TWO DIGIT NUMBER IDENTIFYING A SPECIFIC
COUNTY.

FIELD B1 - FOR MONTH/YEAR - REQUIRED

LENGTH: 4

DESCRIPTION: FOR MONTH/YEAR - THE REPORT MONTH/YEAR FOR WHICH THE DATA
BEING ENTERED REFERS.

FIELD B2 - MODE - REQUIRED

LENGTH: 2

DESCRIPTION: MODE - THE MODE OF SERVICE FOR WHICH THIS DATA IS BEING
REPORTED I. E., 'CC' FOR COUNTY CONTRACT, 'HM' FOR
COUNTY HOMEMAKER OR 'IP' FOR INDIVIDUAL PROVIDER.

FIELD B3 - DATE - SYSTEM GENERATED

LENGTH: 6

DESCRIPTION: DATE - THE DAY, MONTH AND YEAR THAT THE DATA IS BEING
ENTERED ON THIS SCREEN.

FIELD C1 - SI - DISPLAY

DESCRIPTION: SI - SEVERELY IMPAIRED - THE ABBREVIATION FOR RECIPIENTS
THAT ARE CLASSIFIED AS BEING SEVERELY IMPAIRED.

FIELD C2 - SI TOTAL CASES - OPTIONAL

LENGTH: 7

DESCRIPTION: SI TOTAL CASES - THE TOTAL NUMBER OF CC OR HM UNDUPLICATED
CASES FOR WHICH SERVICE HOURS WERE PAID
DURING THE REPORT MONTH. THESE CASES
MUST BE IDENTIFIED AND REPORTED.

FIELD C3 - SI TOTAL HOURS - OPTIONAL

LENGTH: 7

DESCRIPTION: SI TOTAL HOURS - THE TOTAL NUMBER OF CC OR HM SERVICE HOURS WHICH WERE PAID FOR ELIGIBLE RECIPIENTS DURING THE REPORT MONTH. THESE HOURS MUST BE IDENTIFIED AND REPORTED. THIS NUMBER INCLUDES PAYMENT ADJUSTMENTS FROM PRIOR MONTHS. COUNTIES WILL PROVIDE THIS INFORMATION ON THIS FORM/SCREEN FROM THEIR RECORDS.

FIELD C4 - SI EXPENDITURES - OPTIONAL

LENGTH: 11

DESCRIPTION: SI EXPENDITURES - THIS IS THE TOTAL OF ALL CC OR HM COSTS PAID IN THE REPORT MONTH, REGARDLESS OF THE SERVICE. THESE EXPENDITURES INCLUDE THE NET SHARE OF COST COLLECTED.

FIELD D1 - NSI - DISPLAY

DESCRIPTION: NSI - NON-SEVERELY IMPAIRED - THE ABBREVIATION FOR RECIPIENTS THAT ARE CLASSIFIED AS BEING NON-SEVERELY IMPAIRED.

FIELD D2 - NSI TOTAL CASES - OPTIONAL

LENGTH: 7

DESCRIPTION: NSI TOTAL CASES - THE TOTAL NUMBER OF CC OR HM UNDUPLICATED CASES FOR WHICH SERVICE HOURS WERE PAID DURING THE REPORT MONTH. THESE CASES MUST BE IDENTIFIED AND REPORTED BY CLASSIFICATION OF IMPAIRMENT AND REFUGEE STATUS.

FIELD D3 - NSI TOTAL HOURS - OPTIONAL

LENGTH: 7

DESCRIPTION: NSI TOTAL HOURS - THE TOTAL NUMBER OF CC OR HM SERVICE HOURS WHICH WERE PAID FOR ELIGIBLE RECIPIENTS DURING THE REPORT MONTH.

DATE 10/23/86

PAGE 006

FIELD D4 - NSI EXPENDITURES - OPTIONAL

LENGTH: 11

DESCRIPTION: NSI EXPENDITURES - THIS IS THE TOTAL OF ALL CC OR HM COSTS PAID IN THE REPORT MONTH, REGARDLESS OF THE SERVICE. THESE EXPENDITURES INCLUDE THE NET SHARE OF COST COLLECTED.

FIELD E1 - TOTAL- DISPLAY

DESCRIPTION: TOTAL - TOTAL OF THE SI AND NSI RECIPIENTS.

FIELD E2 - TOTAL CASES - OPTIONAL

LENGTH: 7

DESCRIPTION: TOTAL CASES - THE TOTAL NUMBER OF CC OR HM UNDUPLICATED CASES FOR WHICH SERVICE HOURS WERE PAID DURING THE REPORT MONTH. COUNTIES WILL PROVIDE THIS INFORMATION FROM THEIR RECORDS.

FIELD E3 - TOTAL HOURS - OPTIONAL

LENGTH: 7

DESCRIPTION: TOTAL HOURS - THE TOTAL NUMBER OF CC OR HM SERVICE HOURS WHICH WERE PAID FOR ELIGIBLE RECIPIENTS DURING THE REPORT MONTH. THIS NUMBER INCLUDES PAYMENT ADJUSTMENTS FROM PRIOR MONTHS. COUNTIES WILL PROVIDE THIS INFORMATION FROM THEIR RECORDS.

FIELD E4 - TOTAL EXPENDITURES - OPTIONAL

LENGTH: 11

DESCRIPTION: TOTAL EXPENDITURES - THIS IS THE TOTAL OF ALL CC OR HM COSTS PAID IN THE REPORT MONTH, REGARDLESS OF THE PERIOD OF SERVICE. THESE EXPENDITURES INCLUDE THE NET SHARE OF COST COLLECTED.

FIELD E5 - TOTAL-SOC - OPTIONAL

LENGTH: 7

DESCRIPTION: TOTAL-SOC - THE TOTAL NUMBER OF CC OR HM RECIPIENTS WHO PAID A SHARE OF COST DURING THE REPORT MONTH TO THE COUNTY OR CONTRACTOR. SHARE OF COST IS REPORTED BY THE MAJOR MODE OF SERVICE DELIVERY WHEN THERE IS MORE THAN ONE SERVICE DELIVERY MODE AND THAT MODE IS HM OR CC. WHEN THE SOC IS COLLECTED BY

DATE 10/23/86

PAGE 007

THE COUNTY FOR CASES IN THE IP MODE, THIS FIELD
WILL BE COMPLETED BY THAT COUNTY FOR THOSE CASES

FIELD E5 - TOTAL SOC-AMOUNT - OPTIONAL

LENGTH: 11

DESCRIPTION: TOTAL SOC AMOUNT - THE TOTAL AMOUNT OF MONEY COLLECTED FROM
OR PAID BY RECIPIENTS AS A SHARE OF COST
DURING THE REPORT MONTH TO THE COUNTY OR
CONTRACTOR. SHARE OF COST IS REPORTED
IN THE SAME MANNER AS IN FIELD E5.

FIELD F1 - REFUGEE - DISPLAY

DESCRIPTION: REFUGEE - RECIPIENTS THAT ARE CLASSIFIED AS REFUGEES IN
FIELD F2 OF THE SOC 293.

FIELD F2 - REFUGEE TOTAL CASES - OPTIONAL

LENGTH: 7

DESCRIPTION: REFUGEE TOTAL CASES - THE TOTAL NUMBER OF CC OR HM
UNDUPLICATED CASES FOR WHICH SERVICE
HOURS WERE PAID DURING THE REPORT MONTH.

FIELD F3 - REFUGEE TOTAL HOURS - OPTIONAL

LENGTH: 7

DESCRIPTION: REFUGEE TOTAL HOURS - THE TOTAL NUMBER OF CC OR HM SERVICE
HOURS WHICH WERE PAID FOR ELIGIBLE RECIPIENTS DURING THE REPORT MONTH. THESE
HOURS MUST BE IDENTIFIED AND REPORTED BY
CLASSIFICATION OF IMPAIRMENT AND REFUGEE
STATUS. THIS NUMBER INCLUDES PAYMENT
ADJUSTMENTS FROM PRIOR MONTHS.

FIELD F4 - REFUGEE EXPENDITURES - OPTIONAL

LENGTH: 11

DESCRIPTION: REFUGEE EXPENDITURES - THIS IS THE TOTAL OF ALL CC OR HM
COSTS PAID IN THE REPORT MONTH, REGARD-
LESS OF THE SERVICE. THESE EXPENDITURES
INCLUDE THE NET SHARE OF COST COLLECTED.

FIELDS G1 THRU K4 - SAME AS FIELDS B1 THRU F4.

DATE 10/23/86

PAGE 008

FIELD L1 - ESTIMATED MONTHLY COSTS (ALL MODES) - DISPLAY

DESCRIPTION: ESTIMATED MONTHLY COSTS - ALL COUNTIES, REGARDLESS OF
SERVICE MODE, WILL PROVIDE MONTHLY
ESTIMATES OF EXPENSES THAT WILL BE SUB-
MITTED QUARTERLY ON THE COUNTY ADMINIS-
TRATIVE EXPENSE CLAIM.

FIELD L2 - STAFF DEVELOPMENT - OPTIONAL

LENGTH: 9

DESCRIPTION: STAFF DEVELOPMENT - THE ESTIMATED MONTHLY COST OF STAFF
DEVELOPMENT SERVICES ATTRIBUTED TO
IHSS.

FIELD L3 - EDP - OPTIONAL

LENGTH: 9

DESCRIPTION: EDP - THE ESTIMATED MONTHLY COST OF EDP ATTRIBUTED TO IHSS.

FIELD L4 - OTHER - OPTIONAL

LENGTH: 9

DESCRIPTION: OTHER - AN ESTIMATE OF ANY OTHER EXPENSES OR COLLECTIONS
ATTRIBUTED TO IHSS.

QUARTERLY REPORTING OF ACTUAL COSTS

NOTE: THIS INFORMATION IS REPORTED NO LATER THAN FIFTEEN DAYS
FOLLOWING THE END OF THE QUARTER.

FIELD M1 - QUARTER - REQUIRED

LENGTH: 2

DESCRIPTION: QUARTER - INDICATE THE FISCAL YEAR QUARTER DATE FOR WHICH
DATA IS BEING ENTERED.

FIELD M2 - FY - SYSTEM GENERATED

DESCRIPTION: FY - FISCAL YEAR

FIELD M3 - DATE - SYSTEM GENERATED

LENGTH: 6

DESCRIPTION: DATE - THE MONTH, DAY AND YEAR THAT THE DATA IS BEING
ENTERED ONTO THE SCREEN.

FIELD N1 - CONTRACT COSTS - OPTIONAL

LENGTH: 9

DESCRIPTION: CONTRACT COSTS - TOTAL CONTRACT COSTS AS REPORTED ON THE
COUNTY ADMINISTRATIVE EXPENSE CLAIM,
(COLUMN AR, LINE 1, OF THE DFA 327.4).

FIELD N2 - HOMEMAKER/SUPERVISOR CASEWORK COSTS - OPTIONAL

LENGTH: 9

DESCRIPTION: CASEWORK COSTS - THE TOTAL CASEWORK COST, AS REPORTED ON
THE COUNTY ADMINISTRATIVE EXPENSE CLAIM,
(LINE 1, COLUMN I, DFA 327.1)

FIELD N3 - OTHER COSTS - STAFF DEV - OPTIONAL

LENGTH: 9

DESCRIPTION: OTHER COSTS - STAFF DEV - THE TOTAL COSTS OF STAFF DEVELOP
MENT ATTRIBUTED TO IHSS AS
REPORTED ON THE COUNTY ADMIN-
ISTRATIVE EXPENSE CLAIM
(LINE 1, COL AN, DFA 327.3).

DATE 10/23/86

PAGE 010

FIELD N4 - GRAND TOTAL - SYSTEM GENERATED

LENGTH: 10

DESCRIPTION: GRAND TOTAL - THE SUM OF (N1 AND P1 AND Q2) CONTRACT AND
HOMEMAKER/SUPERVISOR AND OTHER COSTS.

FIELD O1 - HOMEMAKER/SUPERVISOR OVERHEAD - OPTIONAL

LENGTH: 9

DESCRIPTION: HOMEMAKER/SUPERVISOR OVERHEAD - THE TOTAL OVERHEAD COSTS,
AS REPORTED ON THE COUNTY ADMINISTRATIVE
EXPENSE CLAIM. (LINE 1, COLUMN K, DFA 327.1)

FIELD O2 - OTHER COSTS EDP - OPTIONAL

LENGTH: 9

DESCRIPTION: OTHER COSTS EDP - THE TOTAL COSTS OF EDP ATTRIBUTED TO THE
IHSS AS REPORTED ON THE COUNTY ADMINIS-
TRATIVE EXPENSE CLAIM. (LINE 1, COL AE,
DFA 327.2)

FIELD P1 - HOMEMAKER/SUPERVISOR SUBTOTAL - OPTIONAL

LENGTH: 9

DESCRIPTION: HOMEMAKER/SUPERVISOR SUBTOTAL - THE SUM OF CASEWORK OVER-
HEAD AND CASEWORK COSTS.

FIELD P2 - OTHER COSTS - OPTIONAL

LENGTH: 9

DESCRIPTION: OTHER COSTS - TOTAL OF OTHER EXPENSES CLAIMED OR COLLECTED
AND REPORTED ON THE COUNTY ADMINISTRATIVE
EXPENSE CLAIM. (COLUMNS AO AND AP, LINE 1
OF THE DFA 327.4)

FIELD Q1 - HOMEMAKER/SUPERVISOR, TIME/STUDY HOURS - OPTIONAL

LENGTH: 7

DESCRIPTION: THE SUM OF THE WELFARE STAFF PROVIDER HOURS PAID AND FIRST
LINE SUPERVISOR HOURS PAID AS REPORTED ON THE COUNTY
ADMINISTRATIVE EXPENSE CLAIM. (LINE 1, COLUMN E, DFA 327.1)

DATE 10/23/86

PAGE 011

FIELD G2 - OTHER COSTS, SUBTOTAL - OPTIONAL

LENGTH: 9

DESCRIPTION: OTHER COSTS, SUBTOTAL - THE SUM OF STAFF DEVELOPMENT, EDP
AND OTHER EXPENSES.

FIELD R1 - PREPARED BY

FIELD R2 - DATE PREPARED

FIELD R3 - REMARKS

FIELD S1 - ENTERED BY

FIELD S2 - DATE ENTERED

FIELD S3 - REMARKS

A. BATCHING COUNTY SUMMARY INPUT DOCUMENT - SOC 374

THE TERM "BATCH" MEANS TO SEPARATE AND ORGANIZE FORMS IN A WAY WHICH HELPS THE CRT TERMINAL OPERATOR IN ENTERING THE DATA. IF ALL FORMS ARE NOT BATCHED COMPLETELY AND CORRECTLY, THE PURPOSE OF IT IS DEFEATED.

THE FOLLOWING IS HOW TO BATCH "COUNTY SUMMARY INPUT DOCUMENTS"

- BATCHING "SOC 374'S"

THE FOLLOWING PAGE IS A COPY OF AN "IN-HOME SUPPORTIVE SERVICES-BATCH COVER SHEET". USE THIS FORM AS FOLLOWS:

1. A MAXIMUM OF 5 "COUNTY SUMMARY INPUT DOCUMENTS" CAN BE SENT UNDER ONE BATCH COVER SHEET. IF MORE THAN 5 FORMS ARE BEING SENT, USE ANOTHER COVER FOR EACH SET OF 5 OR LESS.
2. FILL IN THE NECESSARY INFORMATION ON THE BATCH COVER, CHECKING THE BOX LABELED "ELIGIBILITY UPDATE FORMS". FOR THE BOX CALLED "BATCH SEQ #" THE FIRST 5 FORMS WOULD BE LABELED AS BATCH SEQ #1, THE SECOND 5 WOULD BE BATCH SEQ #2 AND SO ON.

B. SENDING THE DOCUMENTS

COUNTY OFFICES THAT DO NOT HAVE THEIR OWN CRT TERMINALS MUST SEND ALL DOCUMENTS TO EDSF OFFICE TO BE ENTERED. ALTHOUGH ALL OFFICES MUST BATCH THE FORMS, ONLY THE NON-CRT COUNTIES ARE REQUIRED TO DO THE FOLLOWING:

- THE FOLLOWING PAGE IS A COPY OF A FORM CALLED "IHSS DOCUMENT TRANSMITTAL". THIS FORM MUST BE USED WHEN SENDING DOCUMENTS TO EDSF. STUDY THIS SAMPLE TO HELP YOU UNDERSTAND HOW TO FILL IT OUT COMPLETELY.

NOTE: THERE ARE THREE COPIES, TO PROTECT ALL PARTIES, COPY #1 IS KEPT BY THE COUNTY FOR ITS RECORDS, AND COPIES #2 AND #3 SHOULD BE SENT WITH THE DOCUMENTS TO EDS.

- AFTER THE DATA ON THE FORMS HAS BEEN ENTERED INTO THE CRT TERMINAL, THE DOCUMENTS AND ONE COPY OF THE "DOCUMENT TRANSMITTAL" FORM WILL BE RETURNED TO THE COUNTY OFFICE TO BE FILED WITH THE ORIGINAL FORM.

C. VERIFYING CORRECT ENTRY OF DOCUMENTS:

AFTER THE IHSS CMIPS COUNTY SUMMARY INPUT DOCUMENT (SOC 374) HAS BEEN ENTERED INTO CMIPS, EACH COUNTY MUST VERIFY THAT THE INPUT DOCUMENT WAS ENTERED CORRECTLY. TO DO THIS, A MANAGEMENT STATISTICS SUMMARY REPORT WILL BE SENT TO EACH COUNTY AFTER THE END OF THE REPORT MONTH. THIS REPORT SHOULD BE COMPARED TO THE DATA SUBMITTED TO E.D.S FOR ENTRY. IF THERE IS A DISCREPANCY, PLEASE NOTIFY E.D.S AS SOON AS POSSIBLE.

COUNTY NO. _____

FROM:						
DATE MAILED:						
SIGNED:						
Batch Type	Batch Seq.#	# of Sheets		Batch Type	Batch Seq. #	# of Sheets

DATE RETURNED: _____

White: EDSF copy
Yellow: Returned to COUNTY
Pink: COUNTY copy

SECTION II - MANAGEMENT STATISTICS SUMMARY

JOB COUNTY - RHHJ540F
COUNTY - WILLIAMS

IN - HOME SUPPORTIVE SERVICES
MANAGEMENT STATISTICS SUMMARY

PAGE - 2
REPORT MONTH - JUNE
RUN DATE - 06/30/86

CHECKS ISSUED - INDIVIDUAL PROVIDER

ADVANCE CHECKS NUMBER	CHECKS AMOUNT	EMERGENCY NUMBER	REGULAR PAYROLL NUMBER	RESTAURANT MEAL AMOUNT	RESTAURANT MEAL NUMBER	TOTAL ALL CHECKS NUMBER	# OF PAID PROVIDERS
0	\$0.00	0	0	\$0.00	0	0	0

MAGE AND BENEFIT REPORT - INDIVIDUAL PROVIDER ONLY

NUMBER CASES	GROSS MAGES	FICA	SUI	FUTA	TOTAL EMPLR PAYROLL TAX	RESTAURANT MEAL ALLOW	SHARE OF COST	TOTAL EXPENSE	AVERAGE \$/ CASE
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

QUARTERLY EXPENSE SUMMARY

CONTRACT COSTS	TIME STUDY HRS.	HOMEMAKER COSTS	SUBTOTAL	STAFF DEVELOPMENT	EDP	OTHER COSTS	TOTAL COSTS
\$300,000	1,000	\$75,000	\$155,000	\$100,000	\$200,000	\$50,000	\$350,000
							\$80,500,000

*** WARNING *** CSUM MONTH IS NOT EQUAL TO REPORTING MONTH. THE CONTRACT AND HOMEMAKER VALUES IN THE 'PAID' REPORT ARE IN ERROR

* MANAGEMENT STATISTICS SUMMARY *

THIS REPORT IS A SUMMARY OF COUNTY DATA REFLECTING SERVICES TO RECIPIENTS BY SERVICE DELIVERY MODE. IT PRESENTS INFORMATION ON AUTHORIZED AND PAID EXPENDITURES, A SUMMARY OF THE ALLOCATION TO COUNTIES, AUTHORIZED CASELOAD MOVEMENT, INFORMATION ON CHECKS ISSUED TO INDIVIDUAL PROVIDERS, THE INDIVIDUAL PROVIDER WAGE AND BENEFIT REPORT, AND A QUARTERLY EXPENSE CLAIM SUMMARY.

***** FIELD DESCRIPTIONS *****

***** GENERAL *****

CONTRACT: SERVICE DELIVERY MODE FROM AN AGENCY CONTRACTED BY THE COUNTY.

CNTY HMAKER: SERVICES PROVIDED BY COUNTY EMPLOYEES.

INDIV PROV : I. H. S. S. SERVICES PURCHASED FORM INDIVIDUAL PROVIDERS.

SI : THE ABBREVIATION FOR RECIPIENTS THAT ARE CLASSIFIED AS SEVERELY IMPAIRED.

NSI : THE ABBREVIATION FOR RECIPIENTS THAT ARE CLASSIFIED AS NON-SEVERELY IMPAIRED.

TOTAL : THE TOTAL OF ALL SI AND NSI CASES OR AMOUNTS. THIS IS AN UNDUPLICATED COUNT OF CASES AND SHARE OF COST CASES.

AVERAGE : THIS IS A COMPUTER GENERATED AVERAGE OF TOTAL HOURS AND THE TOTAL \$ PER CASE FOR THE REPORT MONTH IN THE AUTHORIZED AND PAID EXPENDITURE SECTIONS IN THIS REPORT.

REFUGEE : THE NUMBER OF CASES OR AMOUNTS ATTRIBUTED TO RECIPIENTS IDENTIFIED AS " REFUGEES" IN FIELD F2 OF THE SOC 293.

OTHER COSTS: OTHER COST ESTIMATES FOR E.D.P., STAFF DEVELOPMENT,
AND OTHER DIRECT PROGRAM RELATED COSTS.

* * * * * A U T H O R I Z E D * * * * *

AUTHORIZED : THOSE CASES, SERVICE HOURS, AND COSTS WHICH ARE
AUTHORIZED BY SOCIAL SERVICE WORKERS ON THE SOC 293,
TO BE PURCHASED OR PROVIDED FOR ELIGIBLE RECIPIENTS,
IN THE REPORT MONTH AFTER ADJUSTMENTS HAVE BEEN MADE.

TOTAL CASES: THE TOTAL NUMBER OF CASES THAT HAVE SERVICE HOURS
AUTHORIZED TO BE PURCHASED OR PROVIDED DURING THE MONTH
OF THE REPORT. A CASE IS COUNTED BY EACH MODE SERVICE
AUTHORIZED.

TOTAL HOURS: THE TOTAL NUMBER OF SERVICE HOURS THAT ARE AUTHORIZED
TO BE PURCHASED OR PROVIDED DURING THE MONTH OF THE
REPORT, AFTER ADJUSTMENTS HAVE BEEN MADE FOR ALTERNATE
RESOURCES, SHARED LIVING ARRANGEMENTS, ETC. HOURS ARE
COUNTED BY EACH MODE OF SERVICE AUTHORIZED.

TOTAL AMOUNT: THE TOTAL AMOUNT OF MONEY FOR THE SERVICE HOURS
AUTHORIZED TO BE PURCHASED DURING THE MONTH OF THE
REPORT, EXCLUDING RESTAURANT MEAL ALLOWANCES, AND
NET SHARE OF COST.

RESTAURANT

MEAL ALLOW : THE TOTAL AMOUNT OF MONEY AUTHORIZED TO BE PAID TO
RECIPIENTS DURING THE MONTH OF THE REPORT FOR A RES-
TAURANT MEAL ALLOWANCE.

SOC CASES : TOTAL NUMBER OF RECIPIENTS THAT HAVE A SHARE OF COST
FOR THE MONTH BEING REPORTED. SHARE OF COST IS
REPORTED BY THE MAJOR MODE OF SERVICE DELIVERY WHEN
THERE IS MORE THAN ONE MODE.

SOC AMOUNT : TOTAL AMOUNT OF MONEY ASSESSED TO BE PAID BY THE
RECIPIENTS FOR SHARE OF COST. SHARE OF COST AMOUNT
IS REPORTED BY THE MAJOR MODE OF SERVICE DELIVERY
WHEN THERE IS MORE THAN ONE.

***** PAID *****

TOTAL CASES: THE TOTAL NUMBER OF UNIQUE MONTHS OF SERVICE , NOT PREVIOUSLY REPORTED, FOR WHICH SERVICE HOURS WERE PAID FOR DURING THE REPORT MONTH. A CASE IS COUNTED BY EACH MODE OF SERVICE FOR WHICH SERVICES WERE PURCHASED.

TOTAL HOURS: THE TOTAL NUMBER OF SERVICE HOURS WHICH WERE PAID FOR DURING THE REPORT MONTH. HOURS ARE COUNTED BY EACH MODE OF SERVICE AUTHORIZED.

TOTAL
AMOUNT : THE TOTAL AMOUNT OF MONEY PAID DURING THE MONTH FOR SERVICES, EXCLUDING RESTAURANT MEAL ALLOWANCES AND NET SHARE OF COST. (FOR THE IP MODE, THIS REFLECTS THE TOTAL WAGES PAID TO INDIVIDUAL PROVIDERS IN THE MONTH. FOR THE CC MODE, IT REFLECTS THE ADJUSTED DOLLAR AMOUNT PAID TO CONTRACTORS DURING THE REPORT MONTH. FOR THE HM MODE, THIS COLUMN REFLECTS THE ESTIMATED COUNTY CASEWORK AND OVERHEAD COSTS. OTHER COSTS INCLUDE E.D.P., STAFF DEVELOPMENT AND OTHER DIRECT COSTS).

RESTAURANT
MEAL ALLOW : THE TOTAL AMOUNT OF MONEY PAID TO RECIPIENTS FOR A RESTAURANT MEAL ALLOWANCE DURING THE REPORT MONTH.

SOC CASES : TOTAL NUMBER OF RECIPIENTS WHO PAID A SHARE OF COST DURING THE REPORT MONTH. SHARE OF COST IS REPORTED BY THE MAJOR MODE OF SERVICE DELIVERY WHERE THERE IS MORE THAN ONE SERVICE DELIVERY MODE.

SOC AMOUNT : TOTAL AMOUNT OF MONEY PAID BY RECIPIENTS AS A SHARE OF COST. SHARE OF COST AMOUNT IS REPORTED BY THE MAJOR MODE OF SERVICE DELIVERY WHERE THERE IS MORE THAN ONE SERVICE MODE.

***** ALLOCATION SUMMARY *****

INITIAL

ALLOCATION : THE INITIAL FISCAL YEAR ALLOCATION OF FUNDS MADE AVAILABLE TO A COUNTY FOR THE PROVISION OF I. H. S. S. SERVICES.

SUPPLEMENTAL

ALLOCATION : ANY ALLOCATIONS MADE AVAILABLE TO A COUNTY FOR I. H. S. S. SERVICES AFTER THE INITIAL FISCAL YEAR ALLOCATION.

TOTAL

ALLOCATION : THE TOTAL OF THE INITIAL ALLOCATION AND ANY AND ALL SUPPLEMENTARY ADJUSTMENTS TO THE ALLOCATIONS MADE DURING THE FISCAL YEAR.

FUNDS

ADVANCED : THE TOTAL FUNDS ADVANCED TO COUNTIES TO DATE TO PAY FOR CONTRACT, COUNTY HOMEMAKER SERVICES, AND OTHER COSTS NOT INCLUDED IN THE CALCULATION.

CONTRACT

EXPENSE : THE TOTAL MONEY PAID TO DATE DURING THE FISCAL YEAR BY A COUNTY FOR I. H. S. S. CONTRACT SERVICES.

COUNTY HOMEMAKER

EXPENSE : THE TOTAL MONEY PAID TO DATE DURING THE FISCAL YEAR BY A COUNTY FOR I. H. S. S. COUNTY EMPLOYEE PROVIDED HOMEMAKER SERVICES. THIS IS THE TOTAL AMOUNT CLAIMED DURING THE FISCAL YEAR TO DATE ON THE QUARTERLY COUNTY ADMINISTRATIVE EXPENSE CLAIM.

IP EXPENSE :

THE TOTAL MONEY PAID TO DATE DURING THE FISCAL YEAR BY A COUNTY FOR THE PURCHASE OF I. H. S. S. SERVICES, INCLUDING WAGES AND BENEFITS AS WELL AS EMPLOYER TAXES.

OTHER

EXPENSE : OTHER COSTS CLAIMED FOR COUNTY HOMEMAKER COUNTIES ON THE COUNTY ADMINISTRATIVE EXPENSE CLAIM FOR E. D. P. TOTALS FROM THE LINE 1, COLUMN AE, D. F. A. 327.2, STAFF DEVELOPMENT TOTAL ON LINE 1, COLUMN AN, D. F. A. 327.3, AND OTHER EXPENSES FROM LINE 1, COLUMNS AO AND AP, OF THE D. F. A. 327.4.

*** NOTE ***

FOR THE COUNTY HOMEMAKER AND OTHER EXPENSE FIELDS LISTED ABOVE, THE FIGURES DISPLAYED ARE A COMBINATION COUNTY ADMINISTRATIVE EXPENSE CLAIM AMOUNTS, AND MONTHLY ESTIMATES FOR THE MONTHS PRIOR TO THE SUBMITTAL OF THE QUARTERLY CLAIM. THE FIELD WILL BE AUTOMATICALLY RECONCILED UPON RECEIPT OF CLAIM DATA.

TOTAL PROGRAM

EXPENSES : TOTAL IP MODE EXPENSES, EMPLOYER TAXES AND CO AND HM EXPENSES THROUGH THE FISCAL YEAR TO DATE.

BALANCE

REMAINING : THE DIFFERENCE BETWEEN THE TOTAL ALLOCATION TO DATE AND THE TOTAL COUNTY EXPENSES TO DATE.

* * * * * C A S E L O A D S U M M A R Y * * * * *

LAST MONTH : THE TOTAL OF ALL CASES IN STATUS E, I, AND L AT THE END OF THE LAST MONTH.

APPROVALS : THOSE CASES WHICH WERE NEW APPLICANTS FOR SERVICE DURING THE MONTH AND WERE APPROVED (STATUS E AND I).

PENDING : THOSE CASES IN STATUS 'R' WHICH ARE AWAITING DETERMINATION OF ELIGIBILITY.

TOTAL : THE TOTAL OF ALL CASES IN STATUS E, I, AND L, AT ANY TIME DURING THE MONTH.

LEAVE : THE TOTAL NUMBER OF CASES IN STATUS L AT THE END OF THE MONTH.

DISCONTINUED

: TOTAL NUMBER OF CASES WHICH WERE IN STATUS E, I, OR L DURING THE MONTH AND PLACED IN STATUS D DURING THE MONTH.

DENIED : TOTAL NUMBER OF CASES WHICH WERE IN STATUS R DURING THE MONTH AND WHOSE APPLICATION FOR SERVICE WAS DENIED, AND THOSE CASES WHICH HAD A NEW APPLICATION BUT WERE DENIED ELIGIBILITY FOR ANY REASON DURING THE MONTH.

NEXT MONTH : THE TOTAL NUMBER OF CASES IN STATUS E, I AND L AT THE END OF THE MONTH.

* * * * * CHECKS ISSUED - INDIVIDUAL PROVIDER * * * * *

ADVANCE

CHECKS : THE NUMBER AND AMOUNT OF ADVANCE PAYMENT CHECKS ISSUED FOR THE MONTH.

EMERGENCY

CHECKS : THE NUMBER AND AMOUNT OF EMERGENCY CHECKS ISSUED DURING THE MONTH.

REGULAR

PAYROLL : THE NUMBER AND AMOUNT OF REGULAR PAYROLL CHECKS ISSUED DURING THE MONTH.

RESTAURANT

MEAL : THE NUMBER AND AMOUNT OF RESTAURANT MEAL ALLOWANCE CHECKS ISSUED DURING THE MONTH, REGARDLESS OF THE PRIMARY SERVICE MODE.

TOTAL ALL

CHECKS : THE TOTAL NUMBER OF CHECKS FOR ALL REASONS ISSUED DURING THE MONTH.

OF PAID

PROVIDERS : THE TOTAL NUMBER OF PROVIDERS PAID FROM ADVANCE PAY, EMERGENCY PAY, AND REGULAR PAY. THIS IS AN UNDUPLICATED COUNT OF PROVIDERS.

***** WAGE & BENEFIT REPORT - INDIVIDUAL PROVIDER *****

NUMBER OF

CASES : THE TOTAL NUMBER OF UNIQUE MONTHS OF SERVICE , NOT
PREVIOUSLY REPORTED, FOR WHICH WAGES AND/OR RESTAURANT
MEAL ALLOWANCES WERE PAID DURING THE MONTH.

GROSS WAGES: THE TOTAL WAGES, EXCLUDING RESTAURANT MEAL ALLOWANCE,
PAID THROUGH THE IP MODE.

FICA : TOTAL EMPLOYER CONTRIBUTION FOR SOCIAL SECURITY TAXES.

SUI : TOTAL EMPLOYER CONTRIBUTION FOR STATE UNEMPLOYMENT
INSURANCE TAXES.

FUTA : TOTAL EMPLOYER CONTRIBUTION FOR FEDERAL UNEMPLOYMENT
INSURANCE TAXES.

TOTAL EMPLR

PAYROLL TAX: THE SUM OF FICA, SUI, AND FUTA EMPLOYER
CONTRIBUTIONS.

RESTAURANT MEAL

ALLOWANCE : THE SUM OF RESTAURANT MEAL ALLOWANCES PAID DURING
THE REPORT MONTH.

SHARE OF

COST : THE TOTAL SHARE OF COST PAID BY RECIPIENTS.

TOTAL

EXPENSE : THE SUM OF THE GROSS WAGES, SUBTOTAL EMPLOYER PAYROLL
TAX, AND RESTAURANT MEAL ALLOWANCE, LESS SHARE OF
COST, PAID DURING THE REPORT MONTH.

AVERAGE

\$ / CASE: TOTAL EXPENSE DIVIDED BY THE NUMBER OF PAID CASES,
(AVERAGE COST PER CASE).

***** QUARTERLY EXPENSE SUMMARY *****

*** NOTE *** THIS SECTION IS UPDATED ON THE CSUM SCREEN FROM
INFORMATION OBTAINED FROM THE COUNTY ADMINISTRATIVE
EXPENSE CLAIM, D.F.A. FORM 327 SERIES. IT IS
REPORTED NO LATER THAN FIFTEEN DAYS FOLLOWING THE END
OF EACH FISCAL YEAR QUARTER.

C O N T R A C T

C O S T S : THE SUM OF QUARTERLY CONTRACT EXPENSES PAID DURING
THE FISCAL YEAR BY THE COUNTY AND CLAIMED ON THE COUNTY
ADMINISTRATIVE EXPENSE CLAIM LINE 1, COLUMN AR, OF
THE D.F.A. 327.4.

H O M E M A K E R C O S T S :

TOTAL TIME

STUDY HOURS: THE CUMULATIVE TIME STUDIED HOURS , DIRECT AND
ALLOCABLE, ATTRIBUTED TO THE I.H.S.S. PROGRAM, TAKEN
FROM LINE 1, COLUMN E, D.F.A 327.1.

CASEWORK

C O S T S : THE CUMULATIVE FISCAL YEAR SUM OF THE COSTS REPORTED
QUARTERLY FROM LINE 1, COLUMN I, D.F.A 327.1,
COUNTY ADMINISTRATIVE EXPENSE CLAIM.

OVERHEAD

C O S T S : THE CUMULATIVE FISCAL YEAR SUM OF THE COSTS REPORTED
QUARTERLY FROM LINE 1, COLUMN K, D.F.A 327.1,
COUNTY ADMINISTRATIVE EXPENSE CLAIM.

SUBTOTAL : THE SUM OF ALL CASEWORK AND OVERHEAD COSTS FOR
COUNTY HOMEMAKER SERVICES REPORTED ON THE COUNTY
ADMINISTRATIVE EXPENSE CLAIM DURING THE FISCAL YEAR.

O T H E R C O S T S: (ALL COUNTIES REPORTING)

STAFF

DEVELOPMENT: CUMULATIVE COSTS ATTRIBUTED TO THE I. H. S. S. TAKEN
FROM THE COUNTY ADMINISTRATIVE EXPENSE CLAIM, LINE 1,
COLUMN AN, D.F.A. 327.3.

EDP : CUMULATIVE COSTS ATTRIBUTED TO THE I. H. S. S. PROGRAM,
TAKEN FROM THE COUNTY ADMINISTRATIVE EXPENSE CLAIM,
LINE 1, COLUMN AE, D.F.A. 327.2.

OTHER COSTS: THE SUM OF ANY OTHER EXPENSES CLAIMED OR COLLECTED
AND REPORTED DURING THE FISCAL YEAR ON THE COUNTY
ADMINISTRATIVE EXPENSE CLAIM, COLUMN AO AND AP,
LINE 1, OF THE D.F.A. 327.4.

SUBTOTAL : THE SUM OF ALL OTHER COSTS CLAIMED BY THE COUNTY DURING
THE FISCAL YEAR ON THE COUNTY ADMINISTRATIVE EXPENSE
CLAIM.

TOTAL COSTS: THE SUM OF CONTRACT EXPENSES, COUNTY HOMEMAKER, AND
OTHER COSTS, CLAIMED DURING THE FISCAL YEAR.

***** GENERAL DESCRIPTION *****

DISTRIBUTION: BY COUNTY.

FREQUENCY: ONCE A MONTH.

WHEN: THE MANAGEMENT STATISTICS SUMMARY IS GENERATED AT THE
END OF EACH MONTH.

SORT OPTION: BY COUNTY WITH A STATEWIDE SUMMARY.

USAGE: THIS REPORT IS A SUMMARY OF COUNTY DATA ON SERVICES
TO RECIPIENTS, BY SERVICE DELIVERY MODE. IT PRESENTS
INFORMATION ON AUTHORIZED AND PAID EXPENDITURES, A
SUMMARY OF THE ALLOCATION TO COUNTIES, AUTHORIZED
CASELOAD MOVEMENT, INFORMATION ON CHECKS ISSUED TO
INDIVIDUAL PROVIDERS, THE INDIVIDUAL PROVIDER WAGE AND
BENEFIT REPORT, AND A QUARTERLY EXPENSE CLAIM SUMMARY.

BASIC FORMAT: THE FIRST COLUMN CONSISTS OF CONTRACT, SI, NSI,
TOTAL, AVERAGE, REFUGEE, COUNTY HOMEMAKER, SI, NSI,
TOTAL, AVERAGE, REFUGEE, INDIV PROV, SI, NSI, TOTAL,
AVERAGE, REFUGEE, TOTALS, SI, NSI, TOTAL, AVERAGE,
REFUGEE, OTHER COSTS, AND GRAND TOTAL. THIS COLUMN
IS FOLLOWED BY THE AUTHORIZED AND PAID SECTIONS WHICH
EACH INCLUDE: TOTAL CASES, TOTAL HOURS, TOTAL AMOUNT,
RESTAURANT MEAL ALLOW, SOC CASES, AND SOC AMOUNTS.
THE NEXT SECTION IS THE ALLOCATION SUMMARY
WHICH INCLUDES: INITIAL ALLOCATION, SUPPLEMENTAL
ALLOCATION, TOTAL ALLOCATION, AND FUNDS ADVANCED, THE
CONTRACT EXPENSE, COUNTY HOMEMAKER EXPENSE, IP EXPENSE,
OTHER EXPENSE, TOTAL PROGRAM EXPENSE AND BALANCE
REMAINING.

THE THIRD SECTION ON PAGE 1 IS THE CASELOAD SUMMARY.
THIS SECTION INCLUDES: LAST MONTH, APROVALS, PENDING,
TOTAL, LEAVE, DISCONTINUANCE, DENIED AND NEXT
MONTH.

THE FIRST SECTION ON PAGE 2 OF THE M.S.S. REPORT, CHECKS ISSUED - INDIVIDUAL PROVIDER, INCLUDES COLUMNS: ADVANCE CHECKS (NUMBER AND AMOUNT), EMERGENCY CHECKS (NUMBER AND AMOUNT), RESTARUANT MEAL (NUMBER AND AMOUNT), TOTAL ALL CHECKS (NUMBER AND AMOUNT), AND \$ OF PAID PROVIDERS.

THE SECOND SECTION IS THE WAGE AND BENEFIT REPORT- INDIVIDUAL PROVIDER ONLY. SI, NSI, TOTAL AND REFUGEE APPEAR IN THE FIRST COLUMN FOLLOWED BY NUMBER CASES, GROSS WAGES, FICA, SUI, FUTA, TOTAL EMPLR PAYROLL TAX, RESTAURANT MEAL ALLOW, SHARE OF COST , TOTAL EXPENSE AND AVERAGE \$ / CASE.

THE THIRD SECTION IS THE QUARTERLY EXPENSE SUMMARY. THE FIRST COLUMN IS THE CONTRACT COSTS FOLLOWED BY THE HOMEMAKER COSTS WHICH INCLUDE: TOTAL, TIME STUDY HRS., CASEWORK COSTS, OVERHEAD COSTS, AND SUBTOTAL. THE NEXT COLUMN "OTHER COSTS" INCLUDES: STAFF DEVELOPMENT, EDP, OTHER COSTS, AND SUBTOTAL. THE LAST COLUMN IS THE TOTAL COSTS.